

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 219002030902						
In re Application of George F. SCHREINER et al.								
<table border="1"> <tr> <td>Application Number 10/749,706</td> <td>Filed December 31, 2003</td> </tr> <tr> <td colspan="2">For METHOD FOR TREATING IMPAIRED KIDNEY FUNCTION (AS AMENDED)</td> </tr> <tr> <td>Art Unit 1647</td> <td>Examiner C. Saoud</td> </tr> </table>			Application Number 10/749,706	Filed December 31, 2003	For METHOD FOR TREATING IMPAIRED KIDNEY FUNCTION (AS AMENDED)		Art Unit 1647	Examiner C. Saoud
Application Number 10/749,706	Filed December 31, 2003							
For METHOD FOR TREATING IMPAIRED KIDNEY FUNCTION (AS AMENDED)								
Art Unit 1647	Examiner C. Saoud							
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.								
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 510.00								
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____								
<input type="checkbox"/> A check in the amount of the fee is enclosed.								
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.								
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.								
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u> I have enclosed a duplicate copy of this sheet.								
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.								
<b>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</b>								
I am the								
<input type="checkbox"/> applicant /inventor. _____ /James J. Mullen, III/ Signature _____								
<input type="checkbox"/> assignee of record of the entire interest. _____ /James J. Mullen III, Ph.D., See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Typed or printed name _____								
<input type="checkbox"/> attorney or agent of record. Registration number _____ (858) 720-7940								
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>44,957</u> Telephone number _____ November 1, 2007 Date _____								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.								